PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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7	Complete if Known						
Effective on 12/0& Fees pursuant to the Consolidated Approp	Application Number 10/809,689						
FEE TRANS	Filing Date	144 1.05 0004					
,	First Named Inv	entor M	Mark Larche				
For FY 2008		Examiner Name N. M. Rooney					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1644					
TOTAL AMOUNT OF PAYMENT	(\$) 1,860.00	Attorney Docket No. 2004(217246)					
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
X Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION				·			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FI FI	FILING FEES SEARCH FEES EXAMINATION FEES						
Application Type Fee (Small Entity Fee (\$) Fee (\$	Small Entity (i) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)	
Utility 310	155 510		210	105			
Design 210	105 100	50	130	65			
Plant 210	105 310	155	160	80			
Reissue 310	155 510	255	620	310		,	
Provisional 210	105 0	0	0	0	· · · · ·		
2. EXCESS CLAIM FEES					S	mall Entity	
Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues) 50					25		
Each independent claim over 3 (incl	uding Reissues)				210	105	
Multiple dependent claims					370	185	
Total Claims Extra Claims		Paid (\$)	Paid (\$) Multiple Dependent Claims				
- 20 =			Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20. Indep. Claims							
-3= x =							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00 1801 Request for continued examination (RCE) (see 37 1,050.00							
SUBMITTED BY /							
Registration No. (Attorney/Agent) 50,649 Telephone (617) 239-06			0614				
Name (Print/Type) Matthew Beaudet				Date April 18, 2008			
L							

PTO/SB/21 (01-08)

Approved for use through 03/31/2008. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10/809,689 Filing Date March 25, 2004 First Named Inventor Mark Larche Art Unit 1644 Examiner Name N. M. Rooney Attorney Docket Number 2004(217246)

ENCLOSURES (Check all that apply)					
x Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC			
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
X Amendment/Reply	Petition	Petition Appeal Communication to TC (Appeal Notice, Brief, Reply Brief,			
X After Final	Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Ad	Idress Status Letter			
x Extension of Time Request	Terminal Disclaimer	X Other Enclosure(s) (please Identify below):			
Express Abandonment Requi	Request for Refund	Sequence Listing (pager copy) CRF Sequence Listing			
Information Disclosure Staten	nent CD, Number of CD(s)	Request for Continued Examination Statement			
Certified Copy of Priority Document(s)	Landscape Table on Cl	Return Receipt Postcard			
Reply to Missing Parts/ Incomplete Application	Remarks				
Reply to Missing Parts 37 CFR 1.52 or 1.53	ınder				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name PDWARDS ANGELL PALMER & DODGE LLP					
Signature					
Printed name Matthew Beau	de				
Date April 18, 2008	R	eg. No. 50,649			

APR 1 8 2008 BY

Application No. (if known): 10/809,689

Attorney Docket No.: 2004(217246)

Certificate of Express Mailing Under 37 CFR 1.10

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Amendment/Reply (11 page)

After Final

Fee Transmittal (1 page) x2

Request for Continued Examination (1 page)

Extension of Time Request (1 page) x2

Sequence Listing (pager copy)

CRF Sequence Listing

Statement (2 pages)

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